

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19225

State File No. _____

FILED MAY 24 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4430

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) <u>Henry Roques</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2189 1/2 4226a Hunt</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Henry</u> | | a. (First) | | b. (Middle) | | c. (Last) | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | | 8. DATE OF BIRTH <u>Aug. 3, 1880</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1957</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>concrete finisher</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Joseph Roques</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Stoker</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>Lydia Roques</u> | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>none</u> | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Roques, Maplewood, Mo.</u> | | | | ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Supra-pubic proctectomy</u> DUE TO (c) <u>Prostatic adenoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, chronic undifferentiated</u> | | | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION <u>type 610X</u> | | | |
| 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>2-27</u> , 19 <u>20</u> to <u>5-8</u> , 19 <u>57</u> that I last saw the deceased alive on <u>5-8</u> , 19 <u>57</u> , and that death occurred at <u>1:40a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. A. R. Haller M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>5400 Arsenal St.</u> | | | |
| 23c. DATE SIGNED <u>5-8-57</u> | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. NAME OF CEMETERY OR CREMATORY <u>Lewis Cemetery</u> | | 24c. LOCATION (City, town, or county) (State) <u>Crescent, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>MAY 9 57</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brimmer, House Springs, Mo.</u> | | ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Homert H. Fritz*

Licensed Embalmer No. *388*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.